

Idaho Falls Police Department

Volunteer Application

Please mail or hand-carry the completed application to:

Idaho Falls Police Department

c/o Melissa Smith

P.O. Box 50220

Idaho Falls, ID 83405-0220

Questions: Call Melissa Smith, 208.612.8655

E-Mail: msmith@ci.idaho-falls.id.us



Last Name	First Name	Middle Name	CPA Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No
			Graduation Date: _____ Class No. _____

Current Street Address:	City:	State:	Zip Code:	How long there:
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Evening/Home Phone	Day/Work Phone	Cell Phone	Fax Number	E-Mail Address
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Health Insurance Policy Name & Number	Applicants Medical Conditions	Doctors Name	Phone Number(s)
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Emergency Contact Name	Street Address	C/S/Zip	Relationship	Phone Number(s)
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The process to become a volunteer with the Idaho Falls Police Department includes a Criminal History Records Check and a Background investigation. Please provide us with the following information so that we may complete the Background Investigation.

Prior Names Used (including maiden):

If you have been at your current address for less than 5 years, please list other addresses:

Street Address: _____ City: _____ State: _____ Zip Code: _____ How long there?

Street Address: _____ City: _____ State: _____ Zip Code: _____ How long there?

SSN	DOB (mm/dd/yy)	Drivers License No.	State Issued	Expiration Date
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Character References

References: Please provide the name, address and phone numbers of employer, friends, or associates who may also be contacted.

Present or Last Employer: ☐ OK to contact ☐ do NOT contact

Business Name: _____ Address: _____

City/State/Zip: _____ Phone Number: _____

Supervisor's Name & Title: _____ Supervisor's Phone Number: _____

Dates of Employment: _____ Reason for Leaving: _____

Job Title: _____ Job Duties: _____

Name: _____ Day Phone: _____ Evening Phone: _____
 Address: _____ Association: _____ Years known: _____

Name: _____ Day Phone: _____ Evening Phone: _____
 Address: _____ Association: _____ Years known: _____

Name: _____ Day Phone: _____ Evening Phone: _____
 Address: _____ Association: _____ Years known: _____

ARREST RECORD:
 Have you ever been arrested? Yes ☐ No ☐ If yes, list below Date, Location and Offence. Attach additional sheet if required.
 Date (m/d/y): _____ Location: _____ Offence: _____
 Date (m/d/y): _____ Location: _____ Offence: _____
 Date (m/d/y): _____ Location: _____ Offence: _____

ALUMNI MEMBERSHIP BOARD USE ONLY:
 Classification of Volunteer Membership: ☐ Academy Graduate Member ☐ Associate Member ☐ Honorary Member
 Associate Member Candidate Sponsor: Name: _____ Phone Number: _____
 Associate Membership: ☐ Approved ☐ Disapproved Name: _____ IFCPA3 _____ Date: _____

The facts set forth in this application and other such information submitted are true and complete. The Idaho Falls Police Department (IFPD) has my permission to conduct whatever background check necessary to determine my fitness to perform in the capacity of volunteer for the Department. I agree to waive any claims or right of action against the City of Idaho Falls and the IFPD for injuries that may arise from my volunteer duties. The IFPD reserves the right to remove any citizen volunteer from this program at any time, with or without cause.

Date: _____ Signature: _____

POLICE USE ONLY

Interviewed By _____ Date of Interview _____

Comments:
